

Community Profile: Congolese

Language: Swahili, French, Lingala, Kikongo, Tshiluba
Country of Origin: Democratic Republic of the Congo (DRC)
Places of Transition: Uganda, Rwanda, Tanzania, Burundi

**This guide is meant to provide a general cultural orientation and does not describe every person from this community*

Dos and Don'ts

- Recognize that there are many ethnic groups among the Congolese. Though some may wish to move past interethnic tension, do not assume mutual trust or respect between groups.
- Decades of conflict involving DRC, Rwanda, Uganda and Burundi have led to forced migrations, ethnic clashes, and fluidity in tribal and state affiliation. Be aware that nationality, tribe, and language are very sensitive topics.
- Respect the patient's religious beliefs and practices.
- Whenever possible, match patients with caregivers of the same gender.
- Provide all patients with a safe space to express any issues they may be facing at home.
- Physical contact between members of the opposite sex may be viewed as inappropriate. Always explain your reason for initiating contact before touching the patient.
- It is important to take time to build rapport and earn trust with Congolese patients.
- Be aware of the pervasiveness of sexual and gender-based violence (SGBV). Keep lines of communication open, but avoid asking intrusive personal questions on this sensitive issue.
- Consider consulting trusted religious leaders or elders in the community for help with counseling patients.
- Emphasize the importance of being on time. Concepts of time and planning may not be especially valued.
- Encourage good hygiene habits including bathing regularly and using deodorant.

Health attitudes, beliefs and stigmas

Most Congolese refugees are Christian (95%), some are Muslim (4%), and many retain traditional African beliefs.

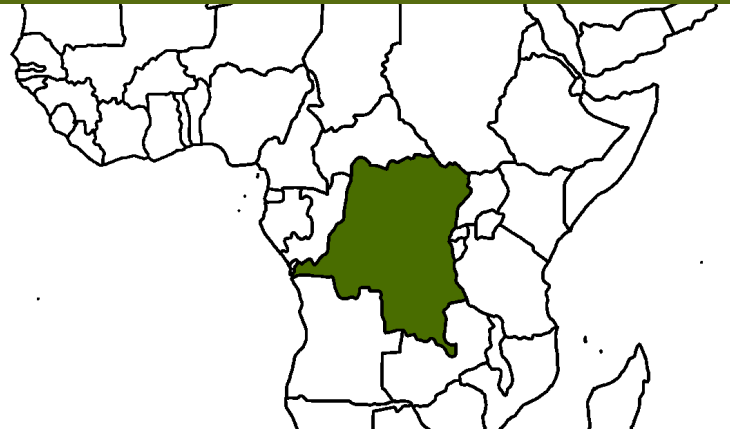
Common traditional beliefs include the presence of divine spirits in natural objects, ancestors playing a role in the lives of their descendants, and witchcraft and sorcery being related to illness.

In general, the Congolese accept Western medicine and consider it effective.

Many Congolese believe in the power of prayer to cure disease. Religious faith also plays an essential role in healing victims of trauma.

Some Congolese may turn to traditional healers who use medicinal plants and supernatural powers to treat illness.

Many Congolese believe illness, especially mental illness, is brought on by curses or punishment from God and cannot be treated. There is a strong stigma associated with mental health and counseling services. Patients may be uncomfortable disclosing information to strangers, including interpreters.



In Congolese culture, a child belongs to the parents while still in the womb, but after birth the child belongs to the community. Child rearing is a community responsibility.

Contraception is not commonly practiced and may be discouraged since it deprives the community of the growth and prosperity that comes with child birth.

Many Congolese have limited awareness about sex education, sexual health, and STIs. Oftentimes extended family members or elders, rather than parents, are expected to talk to youth about these topics.

What you may see

Religion is very important in Congolese life, providing comfort and peace to those who worship. Religious leaders are highly respected.

Many Congolese refugees are young. About 55% are under age 18, 18% are age 18 to 25, and only 3% are above age 50.



Family roles are well-defined. Men protect and provide for the family, serving as head of household and decision-maker. Women take care of children and the home. Recently, it has become more common for women to earn income for the family.

Many women have experienced sexual or domestic violence, but few speak out due to cultural norms. Violence may have an impact on family size and composition.

Marriage is seen as a union between two families and is important for developing kinship ties and community strength. Girls often marry at a young age.

Families are usually large. Children are considered a symbol of prosperity for the family and the community.

The Congolese may call unrelated friends 'son', 'daughter', 'brother', or 'sister'.

Most adults have had some formal education, but access to secondary education is limited, and levels of literacy range from illiteracy to being able to read well in multiple languages. Females have a lower literacy rate than males.

The Congolese tend to be sociable people who strongly value hospitality and community life.

Many Congolese who do not practice Islam drink alcohol. Beer is an important part of social interactions and ceremonies.

Did You Know?

Roughly 1/3 children have been forced to take up arms as child soldiers.

Refugees from urban areas are more familiar with modern amenities. However, refugees from rural areas often adapt quickly and eagerly to modern amenities.

Common health concerns

Sexual and gender based violence (SGBV) has been used as a weapon of war and is very pervasive in the Congolese population. Refugees may suffer from medical complications and psychological trauma associated with SGBV. Domestic violence is also a major concern.

Congolese refugees have high mental health needs, exhibiting high rates of PTSD, depression, and anxiety. Many Congolese have experienced or witnessed killings, kidnapping, rape, torture, forced labor, looting, and forced participation in civil war.

Common infectious diseases include tuberculosis, intestinal parasites, Hepatitis B, HIV, Hepatitis C, typhoid fever, and malaria.

Other major health concerns are hypertension, vision problems, heart disease, arthritis, chronic back and leg pain, and physical symptoms that may be related to PTSD including migraines, gastrointestinal upset, reduced immunity, and fatigue.

Malnutrition and anemia are common especially in children and women.

Malaria, pneumonia, and diarrhea are common causes of death for children under age 5.

Potential barriers to care

- Inadequate interpreter services
- Domestic violence and/or sexual violence
- Poor understanding of health care system
- Low adherence to preventive medicine
- Stresses of resettlement
- Limited health literacy
- High cost of care

For additional resources, please visit [AZrefugeehealth.org](https://www.AZrefugeehealth.org)

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